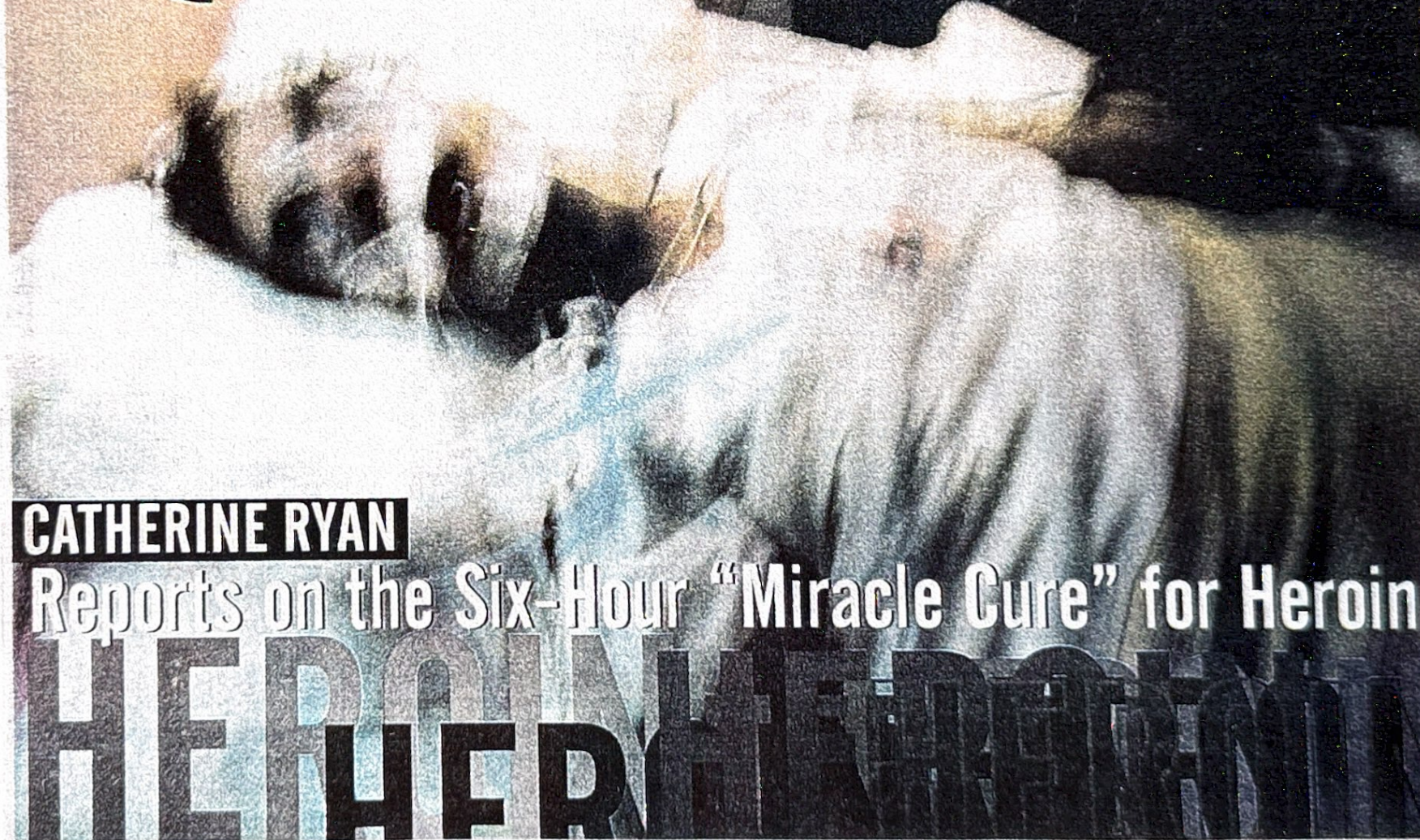


QUICK FIX



CATHERINE RYAN

Reports on the Six-Hour "Miracle Cure" for Heroin

HEROIN

FEATURE

Easy Way Out?

Inside CITA's Six-Hour Heroin Treatment Program

By Catherine Ryan

Photos by Clayton Miller

It seemed the perfect metaphor for Daniel's fucked-up life. He lay there with his eyes taped shut. Two tubes protruded from his mouth. One pumped in oxygen, the other sucked at the contents of his stomach. He had been knocked out with a general anesthetic. His feet kicked and his body trembled.

A half-liter IV drip of "detox" fluid was seeping into a vein in his arm. In the next six hours, this "miracle cure" would flush the heroin out of his system—not a trace would show up in any tests when he woke up. He would come out of this a clean man.

Dr. David Luna Gonzalez, the physician in charge, stood by, arms crossed, keeping an eye on the monitors. "This is why they call it 'kicking the habit,'" he said, in tentative but adequate English. "At least he won't have to feel anything." The doctor signaled to one of the nurses, who squeezed another syringe of sedative into Daniel's arm. Then he lay still for a while.

The people at Ensenada's Center for the Investigation and Treatment of Addicts (CITA) had said that Daniel was eager to give a pre-detox interview. But he was asleep when I arrived earlier that morning, and by the time his eyelids finally opened, his body was thirsting for a fix. He curled up in a tight little ball, sweating, breathing hard, moaning about his aching bones, itching skin, and sore muscles. He'd wanted the treatment to begin immediately. The interview would have to wait.

In an adjacent room lay Ralph Wilson, a 42-year-old patient from Long Beach. He was recovering from his treatment the day before. Cheerful and talkative, Wilson was relieved to be clean and excited about starting a new life.

He pulled down the sheets so the photographer could get a shot of his legs. They were covered with black scars from eighteen years of dirty-needle infections. He said that Dr. Luna had used a vein in his neck to administer the detox fluid "because it was the only one left." His veins had burrowed down deep into his flesh from overuse, as if to hide from the persistent needles.

The phone rang and he leaned over to answer it. "You ought to see the view here, Mom," he said, gazing out the window at the rainbow of pastel-painted houses and, beyond them, the fishing trawlers and the sun-drenched sea. "From where I'm sitting, it's breathtaking."

This wasn't the first time he'd tried to kick heroin, Wilson told us. He had detoxed in jail at least four times. "Jail is the worst detox there is," he said. "No help. Severe cramps, like you're getting knifed all over. Bone aches. I'd be on my knees, shivering, sweating, cold all the time for more than a week. You can't imagine. Jesus Christ, heroin's a vicious friend."

He had been leery of coming to Mexico for treatment, but he'd been impressed with the hospital, and he liked Dr. Luna. To stay clean, he's supposed to pop naltrexone, an opiate antagonist, daily for six to nine months. It won't give him a high, but if he shoots up again, which most patients do, he won't get a boost—the drug prevents the brain receptors from reacting to heroin. In this way, he'll gradually lose his desire to use—at least in theory. Dr. Luna suggested that he also see a therapist to help get his life back on track.

have been in some sort of sports, though, if all this hadn't happened." He looked down and fidgeted with his hospital wristband. "I even tried out for the Angels."

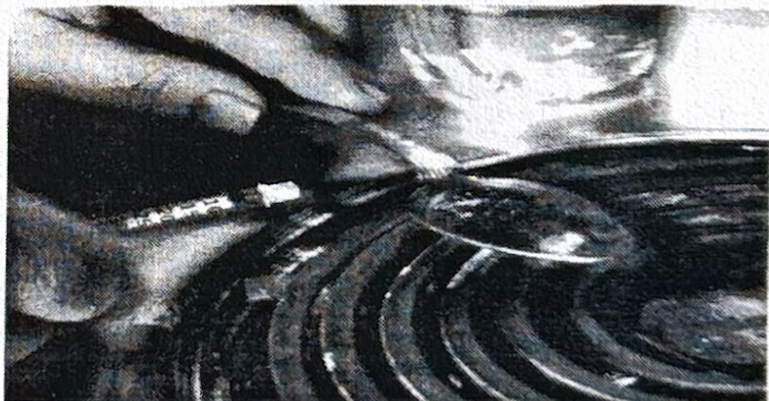
A nurse entered the room with Wilson's clothes. An assistant would arrive soon to take him to his hotel.

"Coke is as dead as dead. Heroin is coming back in a big fucking way," Eric Stoltz's character said to John Travolta's in *Pulp Fiction*. He got part of that right. While cocaine is still America's hard drug of choice—there are 4,530,000 coke users in the U.S., says Dr. Barbara Roberts of the Office of National Drug Control Policy (ONDCP) in Washington—heroin use is rising. Government statistics put the number of heroin addicts at more than 500,000, indicating a modest increase over the past few years.

In Southern California, police report an increase in heroin addiction, particularly among teenagers, and in L.A. County, the number of heroin-related overdoses has tripled over the last fifteen years, climbing to 282 in 1995. Most of the new users begin by inhaling or smoking the drug, until higher and higher tolerances drive them to shoot up, a method which offers a stronger, quicker fix.

The most dramatic development is the spread of heroin from inner cities to affluent suburbs. This trend explains the recent media hype surrounding heroin, which has been widely dubbed "the drug of the '90s." Quentin Tarantino's film hit the mark in its portrayal of the new breed of smackhead. Heroin is no longer just a street thing. It fits the mood of the grunge era, possessing what *Playboy* writer Mark Ehrman calls the "dysfunctional glamour" appropriate to the times.

Despite all the media attention, little has been said about treatment. Heroin addicts now account for nearly 20 percent of patients in U.S. drug-treatment programs, but the success rate for most of these therapies is discouragingly low. A major reason for this failure is that traditional



A soft-spoken, endearing man in a battered body, Wilson exuded a contagious enthusiasm. He told us that he couldn't wait to get home and find a job so that he could repay his mother the \$6,900 she spent on the treatment. "I've mostly been a downer," he said, pausing to smile slightly. "I would

detox programs often take ten or more days, during which patients must endure tremendous suffering. Heroin addicts have a low threshold for pain—they're used to having the drug block it out. As a result, some 30 percent of addicts never seek treatment, and dropout rates are high among those who do. (A 1992 report in the

Psychology Review found that dropout rates at treatment clinics run as high as 80 percent; at residential programs, the rates range between 20 and 30 percent.) Moreover, very few of those who successfully complete detox actually stay off heroin.

Last year, the CITA program in Ensenada made a brief splash in the press, promising what seemed impossible: a quick, painless program with a 100 percent success rate for detox. At the end of its first year of operation, it claimed that 78 percent of its patients were staying clean. While no independent studies have been done to corroborate CITA's contentions, no other treatment comes close to matching these figures. Could CITA really have discovered the cure for one of the world's most insidious substance-abuse problems?

Back in the intensive-care room, the detox mixture was still dripping into Daniel's bloodstream. Still unconscious, he was shaking again. We went across the street for lunch with Michael Olguin, CITA's PR man. He told us about "Operation Hope," a detox campaign/publicity blitz put on by CITA last year in Milan. The goal was to get 500 patients clean in ten days. "It was planned as a statement to the world about our treatment, and about the addicts' ability to reintegrate," he said. CITA detoxed 280 addicts before the Italian government shut down the impromptu project, said Olguin, adding, "We saw it as a total success, and it was front-page news in Italy for two weeks."

The CITA treatment—they call it Ultra Rapid Opiate Detoxification—was developed by Israeli surgeon Andre Waismann and Spanish psychologist Juan Jose Legarda. The two joined forces a decade ago, "perfecting" the treatment five years later. Since then, CITA claims to have detoxed 3,500 addicts.

Waismann, speaking by phone from Tel Aviv, said that no CITA patient has ever died or suffered any major complications, and that all 3,500 patients walked away physically free from opiate dependency. He declared that other doctors have attempted similar treatments "without much success," borrowing from studies published by Legarda and Waismann. "Apart from CITA's research, there is nothing published in the scientific community about any clinical work like ours," he said.

CITA now has twelve permanent treatment centers—one each in Italy, France, Germany, Greece, Turkey, Puerto Rico, Holland, and Mexico, two each in Israel and Spain. They are now making plans to open a clinic in New Jersey.

The drugs in CITA's patent-pending detox mix are all FDA-approved substances, but Olguin said that they have been cautious about opening clinics in the U.S. "We decided to build a solid track record first to facilitate our arrival into the U.S.," said Olguin.

"There is so much arrogance associated with American doctors and the American medical community in general. Their attitude is that if a treatment isn't created in the U.S., it can't be any good."

We walked back to the hospital. Dr. Luna was keeping an eye on Daniel, who was still unconscious. In 1994, Luna left Mexico to study at CITA's training center in Israel. "It really impressed me," he told us. "They were treating five people a day, and 100 percent of them were walking out clean—because they can't wake up and say, 'Now I want to leave.'"

He stood up to check Daniel's heart monitor, explaining that he mixes opiate antagonists, sedatives, and vitamins into the detox-accelerating mix. He also gives the patients a stomach-soothing medicine and a drug to control blood pressure. He handed over a card from a mother who recently quit. "This is a miracle,"



Ralph Wilson shows his 18 years' worth of needle infections.

it read. "As I write this note, I hear my children laughing. That is something I haven't heard in nearly four years."

"What we're doing here is no *milagro*," Luna said. "More than 20 percent of our people go back to heroin. But we do have the highest recovery rate of any treatment by far."

Still waiting for Daniel to come around, we went with CITA's Roberto Green on a car tour of Ensenada. Green is in charge of shuttling patients around and checking in on them while they recover in their hotel rooms. He cut across town and headed up a hill to a vista overlooking the town.

Patients arrive with wildly divergent histories, Green told us. "We've had movie stars and people from the streets," he said. "I guess the most impressive incident was when this big, tall guy came here. He was a very heavy user. We brought him back to his parents feeling great. They said, 'Good, he was the test.' Then the father came for treatment next, and the daughter."

Green dropped us back at the hospital. When Daniel's treatment ended, Luna said that his patient needed to rest. We arranged to return in a few days, before Daniel's flight home.

"I don't believe that once you're a drug addict you will be a drug addict for the rest of your life. I believe these people should see their own individuality and fight for their life with the understanding that there is nothing wrong with them anymore. There was something wrong. Now they're free."

—Dr. Andre Waismann, CITA cofounder

The most common treatment for heroin addiction is the controversial methadone program backed by the U.S. government. Methadone is a synthetic, opiate-like substance similar to heroin in its effect but even harder to kick.

Methadone treatment gained acceptance in the late 1960s—not out of any widespread interest in helping addicts, but because of public concern over heroin-related crime. One early study indicated that the program reduced criminal activities in more than 80 percent of patients who stayed on methadone.

Unlike heroin, methadone can hold a user for several days with a single dose, allowing the addict to devote more time to work and other socially

acceptable activities. While heroin is most effective when injected, methadone is swallowed, thereby reducing the risk of spreading AIDS and other infections. Addicts can attempt methadone detox through gradual dose reductions, typically drawn out over 21 days. But more often than not, methadone treatment leads to methadone "maintenance." For this reason, methadone has drawn harsh criticism as a mere "replacement addiction."

In the U.S., 115,000 people are currently enrolled in methadone maintenance programs. One such facility is the San Diego Health Alliance methadone clinic in El Cajon.

On the day of our visit, two seedy-looking characters sat on a park bench near the clinic. A woman with five kids and a shopping cart was milling around in the parking lot. But the place was otherwise tidy and deserted. There were no lines—it wasn't a dose day.

Dr. Edward Moore welcomed us into his modest office. "We encourage addicts to come clean," he said. "But it's true, methadone maintenance can be for life." Of the 300 addicts participating in the clinic's methadone program, most of them have tried to detox, he told us. "But you're talking about a couple of people who actually ever come clean."

Moore explained that patients are offered a reward system. If regular urine tests show them to be free of illegal drugs, they can eventually come less frequently, taking home a set number of doses rather than drinking the methadone under clinic scrutiny.

What did he think of the CITA program? "Well, it gets them clean immediately," Moore said. But he thinks that CITA patients should be placed in recovery homes for a few months. "If they did it right, they'd really be doing a service. But it is totally ridiculous to believe that you can hand these guys a bottle of naltrexone afterward and not sufficiently address the psychological problems. Who is watching them take the pills?"

We drove back across the border to check on Daniel at his hotel, first stopping to say hello to Brian Zavell, CITA's admissions director. I hadn't seen him in more than a year, when I'd interviewed him in Los Angeles. He'd kicked heroin a few months before, flying to Tel Aviv for treatment (the Ensenada clinic hadn't yet opened). He took the CITA job after returning home.

Zavell is slick, charming, fast-talking, and could sell

continued on next page

Heroin

continued from previous page

anything to anybody. It was good to see that he was still off heroin and selling something he believed in. He splits his time between the CITA admissions office in Beverly Hills and the clinic in Ensenada. Since our first interview, he's told his detox story to CBS News, 60 Minutes, and *Newsweek*.

As he repeated the highlights of his personal saga, the phone rang. "I keep leaving messages—where have you been?" he asked the caller. He listened for a while, then cut in. "If you have one inkling to get off, you just take the fucking pill every morning and in about a week you're bulletproof. You've got to get yourself in here." They set a date for treatment. I asked Zavell if he could get the guy to give us an interview beforehand. He talked him into it, hung up the phone, and gave me the man's number.

"I've had guys attack me after the treatment," he said. "But a few days later they're thanking me profusely, sending me flowers, booze, gifts, boots." He pointed down to his cowboy boots. "On the other hand, a lot of people want to do this just so they can clean up and get a better buzz. We won't take them back. You've got to want to be clean. Some people haven't been through enough hell yet."

We called Daniel from the lobby of his hotel to remind him of our appointment. His voice was anxious, tight. He said that he needed ten minutes to take a shower. We meandered around, then went to his room. He was curled up on the couch, wrapped in a blanket, not looking much healthier than before the treatment.

He said that he felt terrible. "If you were to ask me what this is like, I'd have to say it's full of shit," he said. "But I know it's not. So don't put that down."

I asked him why he'd done heroin in the first place. "I literally was trying to kill myself. I was doing so much heroin—oh my God. We're talking a gram and a half of China White, right off the rock. No cut at all. I had no idea my body could survive it." He had gotten hooked a year before. "Some black guy was throwing around dime [\$10] bags at a party. I did it. Next day I went looking for him. I've shot \$700,000 since then—not even getting high on it anymore."

I asked if he was missing heroin. "I'm not feeling a craving. Tired. Real out of sync. Like I just came out of a coma. Now I can smell and see and hear the nastiest stuff. Sounds, sights I've never experienced in my life." Though the sliding glass doors of his room opened up onto a beach paradise, he was in another world.



"I literally was trying to kill myself. I was doing so much heroin—oh my God. We're talking a gram and a half of China White, right off the rock."

—Daniel, pictured above with CITA staff

[FEATURE]

As he talked shop with the photographer—Daniel was in the high-end photo business for years—he underwent a sudden metamorphosis, uncoiling and relaxing. "My salary was \$425,000 a year. I had everything—stocks, a house, a car. I think you learn your fucking lesson."

Back in San Diego, we met with Larry, the addict whom Zavell had arranged for us to interview before he went in for treatment. He'd been shooting up for 30 years, spending an average of \$30,000 annually on his habit. He stood outside the door of his house waving energetically as we pulled up, and then graciously ushered us into his immaculate living room. He turned on a Beethoven sonata and sat down on the couch.

Larry told us that he's been going to methadone clinics for several years, and that he's tried numerous times to do the 21-day methadone detox. He's never made it through the first few days, and is now considered a "maintenance" patient. (According to the National Institute on Drug Abuse, 82.1 percent of methadone patients lapse back into heroin use if they quit taking methadone—even if they stop because they've completed the program's detox treatment.)

"You can go to the clinics for perpenity," Larry said. "It's a money-making bureaucracy. They want to get your dose up, to keep you there. 'How are you feeling?' they might say. 'It's hot, you're sweating'—little tricks they use. 'Do you need more?' I gave my sister 30 milligrams and had her drink a lot of beer. She peed and I stored the urine and handed that in for my samples. They think I'm clean, just taking the methadone. They don't know the difference. They let me take it home, and I sell it to help finance the heroin."

He said that he's got to quit heroin before he gets arrested. "I'm into bad checks and general fraud," he said. "I'm good at forgery. It covers my expenses. But if that ever catches up with me, I'm looking at a long time locked up."

Larry told us that he has two "basic" and three "alternative" connections. "These are the most valuable people in your life," he remarked, noting that they're selling him a "good" grade of tarlike Mexican heroin for \$120 a gram. He thinks the smugglers bring it through the border by sticking it under their fenders, like mud.

I asked him why he uses heroin. "You use it to cut your pain, to cut your hurt, to replace sex. It stops everything. All you need is the drug. I have a strict regime of eating, of going to the bathroom, of everything. You have to, or you'll get sloppy and get busted, or you'll die." He turned tricks to buy his dope when he was a teenager.

He wanted to make sure his real name wouldn't be used. "Call me Jaime Rodriguez," he commanded, from the depths of his Anglo soul. "Most of the pushers around here are Mexicans," he added. "My dealer will always send someone illegal if she's worried. If he goes to jail he'll say he's an illegal alien, he wants a jury trial, and bang—they call INS and he's deported. Then he's back here the next day."

I asked if we could photograph him taking his next dose. He stared menacingly at me for a moment, then

said "okay" and headed to the kitchen. He showed us a fingernail-size half gram of blackish junk wrapped up in a sliver of plastic. "Heroin comes in all colors, depending on the processing," he explained. He unwrapped it. It smelled like vinegar.

He washed his hands with soap and water. "I was taught by a very old lady," he said. "She was in her seventies. She was very clean. That's how she lived so long on it." I asked if he still gets high or just stays normal. "I stay even. I don't know what normal is," he replied. "If I'd been normal, I would have pursued a music career. I had a cello scholarship."

He dribbled a little distilled water into a spoon



"What we're doing here is no *milagro*. More than 20 percent of our people go back to heroin. But we do have the highest recovery rate of any treatment by far."

—CITA physician David Luna Gonzalez

along with the heroin and laid it on a burner atop his electric stove. He pulled open the silverware drawer again. "Look at the spoons. You can always tell—they're always bent or black on the back. The cops don't think to look for this." The mixture on the stove blended together and started to bubble. "Next week I'll be free of this routine," he said.

He turned off the stove, pulled a tuft off a cotton ball, and dropped it into the spoon. He pressed a needle into a syringe, stuck it into the middle of the cotton, and drew up the liquid heroin, using the cotton to filter out the grimy sediment. "I better not try to find a vein," he said. "I don't want to expose you to my blood—you never know." He pulled down his slacks and unceremoniously stabbed the needle into the muscles of his butt. "It's better in the vein," he said, depressing the plunger.

(A current fad among young users, particularly along the Texas border, involves dissolving heroin into liquid, drawing it up into a syringe, and squirting it up the nose. It's called "shabanging.")

Larry cleaned up his kitchen, and we sat down in the living room again. Nothing had changed. The tragic absurdity of heroin addiction was staring us in the face.

I asked what he would do if someone overdosed. "I would look at your color, open your mouth, turn you, slap you around, shoot you up with table salt. I've done that—brought them out. But the last person I saw die, he fell off the couch. I said to his girlfriend, 'Jesus, you've got to get him out of here.' She said the last time she called the paramedics he beat her up afterward. She wouldn't make the call. Refused. He was blue. I don't like people to shoot up in my house. But usually we make agreements about this stuff ahead of time—whether or not to call the medics."

He paused for a moment. "God, if people found out I'm talking to you. If the pushers found out I'd talked..."



Ralph Wilson gets ready to go home.

Returning to Los Angeles, I tried for weeks to contact Ralph Wilson, Daniel, and Larry. Daniel and Larry wouldn't return my calls, and Wilson's mother kept telling me to try again. Finally, more than a month after Wilson's treatment, she said, "Well, I might as well be the one to tell you. He didn't take the pill. He'd bought more heroin before he even made it back to the house, and then that was the end—back to the same routine."

She told me that she had paid for the treatment believing that it was a sure cure. "It definitely isn't. I know he'll die somewhere in the gutter." She said that she has to give him money "so he doesn't kill someone or hold up a bank and get shot." Remarkably that she came from a Christian family, she concluded, "This is my cross to bear. I'm devastated. I'm 80 years old. I don't know what to do. I worked until I was 78. I spent the last money I had on that treatment. The brochure says they don't give refunds."

"It is probably a very effective withdrawal treatment, but recovery is another story. People with addictions always want instant cures. I don't know of any. If there was one, we'd be using it."

—John Sack, a private doctor who treats heroin addicts referred by Scripps Hospital in La Jolla

The prestigious Scripps Hospital in La Jolla refers heroin addicts to Dr. John Sack, a private practitioner. Sack had heard of CITA. "It is probably a very effective withdrawal treatment, but recovery is another story," he said. "People with addictions always want instant cures. I don't know of any. If there was one, we'd be using it."

He offered a brief history lesson on morphine, heroin, and various other drugs derived from the opium poppy. Sack noted that in the 18th and 19th centuries, many women were hooked on laudanum, a liquid extract of opium.

Reports of miracle cures abound, he said. "And it's true, there will always be someone

continued on next page

Kicking It

Other Options for Heroin Addicts

While the CITA program offers what is arguably the most dramatic therapy for heroin addiction, there are many alternative treatments.

One of the most promising is acupuncture. Sticking a few needles into specific points on the exterior of the ear boosts the production of natural opiate-like substances such as beta-endorphins, which can greatly diminish the agony of withdrawal and help addicts lose their drug cravings. Acupuncture can be used to treat heroin and other opiate habits, as well as cocaine, phencyclidine, crack, and alcohol addictions. Numerous police departments and the Association of Criminal Justice Planners promote acupuncture detox as safe and effective.

A 1993 study conducted in San Francisco indicated that acupuncture significantly reduced the withdrawal symptoms and drug cravings of addicts with mild habits. For those who use heroin at least three times daily, however, it is less effective.

Another heroin treatment involves buprenorphine, an analgesic used extensively since the early 1970s. This substance is relatively nonaddicting and its toxicity levels appear to be low. A recent study conducted at New York University Medical Center showed that buprenorphine suppresses heroin cravings, detoxifies addicts, and can be used to block the effects of opiates after treatment, much as naltrexone does. Fifty-five percent of the patients who began the NYU study stuck with the program until its conclusion. Buprenorphine is expected to be approved for heroin treatment within the next few years.

Among the other alternative drugs which have been used to kick heroin addiction is the hallucinogen ibogaine, a substance found in Africa in both the voacanga plant and the root of the tabernanthe iboga plant. One dose of ibogaine, which was made illegal in the U.S. in 1967, supposedly spurs addicts to quit opiates instantly and permanently. Some advocates claim that it works by producing visions that cause addicts to "see the error of their ways."

A preliminary investigation of ibogaine conducted in Amsterdam in 1994 noted that the drug is nonaddicting. The researchers involved concluded that "there can be no doubt about the essential loss of opiate craving and absence of withdrawal experienced by the subjects in the immediate period after taking a single, high dose of ibogaine." But ibogaine's ability to keep the test subjects heroin-free was not as impressive. Though ibogaine has not yet been approved for heroin treatment in the U.S., the National Institute on Drug Abuse is funding further research.

—C.R.

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Richard Dreyfuss
**Mr.
Holland's
Opus**

PG

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Heroin

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who comes clean on any given treatment. There's even this hallucinogenic drug from Africa, ibogaine, which is supposed to cure you."

Sack puts most of his patients on a four-to-seven-day in-home detox regimen. They can choose between a drug-accelerated course or the "standard" treatment. The cost is \$300. For a three-to-five-day hospital detox, the charges may total \$3,000-\$4,000.

Sack doesn't use general anesthesia. Instead, he prescribes a combination of strong sedatives, anxiolytics, and antihistamines to ease withdrawal symptoms. Sack says that 95 percent of his patients successfully complete the detox—an impressive statistic in the field. Only ten percent stay off heroin afterward, however. "The problem is that many of them are unwilling to participate in twelve-step follow-up therapy programs and recovery homes," he explained.

understand is totally necessary. CITA is an easy way to get clean, but in my opinion you need a twelve-step program afterward—Alcoholics Anonymous or Narcotics Anonymous."

Like all heroin-addiction programs, CITA seems to be a hit-and-miss affair. What it does appear to offer is the easiest first step—a pain-free way for junkies to ace the detox phase.

Asked about Wilson's regression, CITA cofounder Waismann replied, "There are no miracles here. This is a medical procedure. It allows everybody to start social rehabilitation. Some people succeed and some people won't. Some people need more psychological support. Sometimes it doesn't matter how much subsequent support you give—it will never be enough. It's very complex. Listen, we don't expect to have all the answers. We think we still have a long road to go. But we have the best treatment out there now."

Waismann said that he has kept tabs on 400 of his patients in Israel, and that

"The camaraderie of people who understand is totally necessary. CITA is an easy way to get clean, but in my opinion you need a twelve-step program afterward—Alcoholics Anonymous or Narcotics Anonymous."

—Daniel, CITA patient

Like CITA, Sack prescribes naltrexone after treatment for some of his patients. He noted that naltrexone is also used to help keep alcoholics sober. "But they don't take it if they're not fundamentally sincere," he said, adding that other patients won't use naltrexone because it can cause anxiety, abdominal cramping, and insomnia.

By this time I was convinced that Daniel and Larry had relapsed. I called Tammy Shackleton at CITA's PR office. She said that Larry had paid half the CITA fee but had not shown up for his scheduled treatment. She didn't know what had become of Daniel. A week later, Daniel finally answered his phone. It was nearly two months since he'd detoxed.

"I went crazy for six weeks," he said. "The procedure nearly killed me. It threw my central nervous system way out of whack. I didn't sleep for ten to twelve days at a time. Then I'd have crazy dreams about shooting up."

Remembering his penchant for drama, I wondered if he was exaggerating. He said that he was pissed off because he'd heard that two doctors in Santa Barbara offer a similar treatment.

Daniel told me that he was still clean and still taking the pill. "It doesn't do a thing for the cravings, at least not for the psychological cravings," he said. "I got myself into a 30-day program here, like Betty Ford. The camaraderie of people who

more than 68 percent have stayed clean. I mentioned Daniel's dissatisfaction.

"Healthy people have endorphins," he said. "They act as a self-produced kind of opiate, allowing us to sleep, experience pleasure, and they ease pain. Someone replacing them with artificial opiates for long periods has almost completely destroyed their natural endorphin balance." He said that it takes weeks, sometimes months, to build that balance up again. "So after treatment some of these people feel bad for a while. This is not Disneyland. Not everyone wakes up feeling great."

While he acknowledged that the CITA program offers no long-term guarantees, Waismann believes that it can help most heroin addicts beat the habit for good. "I don't believe that once you're a drug addict you will be a drug addict for the rest of your life. I believe these people should see their own individuality and fight for their life with the understanding that there is nothing wrong with them anymore. There was something wrong. Now they're free. So they don't have to go every day to say, 'I'm an addict even though I'm free for six months, seven months.' That is not the case. This might be the case with alcohol. Not with opiates. This is a disease where there was no way out. Today there is."